Item 9 FilmG137 11/8/51 ww

MARYLAND STATE DEPARTMENT OF HEALTH

09913

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett Deer Park, MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park, Md. Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accident, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Elmer (Middle) Dewey (Last) Ault.

4. DATE OF DEATH (Month) Oct. (Day) 24 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 5/ 18/ 1898

9. AGE last birthday ~~56~~ 53 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk,

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Accident, Maryland.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George F. Ault

14. MOTHER'S MAIDEN NAME Rebecca Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 234-10-1179

17. INFORMANT AND ADDRESS Earl Ault, Accident, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushing Injury to Chest & Ruptured Lungs

822.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Skull

170 c (c) Fractured Cervical Vertebra

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY State Route 8 near Deer Park (CITY OR TOWN) Garrett (COUNTY) (STATE) Md

TIME OF INJURY (Month) Oct (Day) 24 (Year) 1951 (Hour) 5 45 p.m.

INJURY OCCURRED While at work ☑ Not while at work ☐

HOW DID INJURY OCCUR? Truck turned over

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Bonnyarton (Degree or title) M.D. ADDRESS Oakland Md DATE SIGNED 10/24/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/26/1951

NAME OF CEMETERY OR CREMATORY Accident Cemetery,

LOCATION (City, town, or county) Accident, Maryland. (State)

DATE REC'D BY LOCAL REG. 10/26/51

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy D. Belden ADDRESS Oakland, Md.

490 W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 31 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09914 166
Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) Z. (Last) DAWSON
4. DATE OF DEATH: (Month) OCTOBER (Day) 17, (Year) 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED
8. DATE OF BIRTH: JUNE 24, 1890
9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER & DECORATOR
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MT. LAKE, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: CHARLES DAWSON
14. MOTHER'S MAIDEN NAME: HELENA SELDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MRS. GEORGE DAWSON, MT. LAKE, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis — 6 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malignant Hypertension

5721
131 a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24/46 to 10/17/51, that I last saw the deceased alive on 10/16/51, 19..., and that death occurred at 7:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

L. L. Baum Gartner M.D. Oakland Md. 10/17/51

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

Burial — 10-19-1951 — Oakland — Oakland Md

DATE REC'D BY LOCAL REG. 10/19/51 — REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR — ADDRESS

Emory Bolden Oakland Md

564266

RECEIVED
OCT 25 1951
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09915

CERTIFICATE OF DEATH

Reg. Dist. No. 174

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
LENGTH OF STAY (In this place) 50 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R#3, Mt. Zion Community

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Swanton
STREET ADDRESS (If rural, give location) R#3, Mt. Zion Community

3. NAME OF DECEASED (Type or Print) (First) ROLAND (Middle) SANFORD (Last) DUCKWORTH

4. DATE OF DEATH (Month) OCTOBER (Day) 23, (Year) 1951

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, Widowed
8. DATE OF BIRTH Sept. 5, 1876
9. AGE last birthday 75 yrs. If under 1 year Months 1 Days 18 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Garrett Co., Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Horrace Duckworth
14. MOTHER'S MAIDEN NAME Ida Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Guy Duckworth, R#3, Swanton, Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Myocarditis	2 days
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Secondary Anemia	6 mo
46e	(c) Adenocarcinoma of large bowel with metastasis	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to Oct 23, 1951, that I last saw the deceased alive on Oct. 22, 1951, and that death occurred at 1:05 A.m., from the causes and on the date stated above.

SIGNATURE Ralph Calandrella (Degree or title) M.D. ADDRESS Kitzmiller, Md DATE SIGNED Oct. 23-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 25/51
NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery
LOCATION (City, town, or county) (State) Mt. Zion, Garrett Co., Md.

DATE REC'D BY LOCAL REG. 10/25/51
REGISTRAR'S SIGNATURE A W Garrick
24. FUNERAL DIRECTOR Otha F. Sharpless, Blaine, W.Va. ADDRESS

J. C. Bray

100105

RECEIVED
NOV 8 1951
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

09916

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 10 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT. LAKE PARK, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) ARLINGTON (Last) FULMER
4. DATE OF DEATH (Month) OCTOBER (Day) 27, (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH NOV. 29, 1914
9. AGE last birthday 36 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WOODSMAN
10b. KIND OF BUSINESS OR INDUSTRY LUMBERING
11. BIRTHPLACE (State or foreign country) PLEASANT VALLEY, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME JOHN FULMER
14. MOTHER'S MAIDEN NAME BECKMAN, MARY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-18-2363
17. INFORMANT AND ADDRESS Mrs. William Fulmer, Mt. Lake Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Embolic	2 1/2 hr
910.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushing fracture 10th dorsal vertebra	
156 b	(c) with severed spinal cord	3 wks

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) farm near (CITY OR TOWN) Oakland (COUNTY) Garrett (STATE) Md
TIME OF INJURY (Month) Oct (Day) 6 (Year) 1951 (Hour) 11 m.
INJURY OCCURRED While at Work ☑ Not While At work ☐
HOW DID INJURY OCCUR? Struck by log on back.

22. I hereby certify that I attended the deceased from Oct 6, 1951, to Oct 27, 1951, that I last saw the deceased alive on Oct 27, 1951, and that death occurred at 9:50 A.m., from the causes and on the date stated above.

SIGNATURE C. J. Baumgartner (Degree or title) M D ADDRESS Oakland Md DATE SIGNED 10/27/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/30/1951
NAME OF CEMETERY OR CREMATORY Beckman Cemetery
LOCATION (City, town, or county) (State) Near Mt. Lake Park, Md.

DATE REC'D BY LOCAL REG. 10/30/51
REGISTRAR'S SIGNATURE Julia A Rowan
24. FUNERAL DIRECTOR Emory D. Bolley ADDRESS Oakland, Md.

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RECEIVED
OCT 31 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09917

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place) 16½ days
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LEAH (Middle) SINCELL (Last) MC COMAS
4. DATE OF DEATH (Month) OCTOBER (Day) 12 (Year) 1951
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH OCT. 1st, 1897
9. AGE last birthday 54 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk
10b. KIND OF BUSINESS OR INDUSTRY Clothing Store
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME SINCELL, Harry C.
14. MOTHER'S MAIDEN NAME KENNEDY, MARY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS R. C. McCOMas, Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition and dehydration	3 weeks
153 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Ascending Colon	5 mos.
46 e	(c) c̄ generalized metastatic lesions	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 10th & 13th 1951
19b. MAJOR FINDINGS OF OPERATION Carcinoma, metastatic Duodenum
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to Oct 12, 1951, that I last saw the deceased alive on Oct 11th 1951, and that death occurred at 2:10 A. m., from the causes and on the date stated above.

SIGNATURE James H. Feaster (Degree or title) Jr. M.D. ADDRESS 58 2nd St Oakland, Md DATE SIGNED 10-13-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/14/1951
NAME OF CEMETERY OR CREMATORY Oakland Cemetery
LOCATION (City, town, or county) (State) Oakland, Md.
DATE REC'D BY LOCAL REG. 10/14/51
REGISTRAR'S SIGNATURE Julia A. Towan
24. FUNERAL DIRECTOR Emroy D. Bolden ADDRESS Oakland, Md

RECEIVED
OCT 23 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH
COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Kitzmiller
LENGTH OF STAY (in this place) 45yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Short Run Community

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural- Kitzmiller
STREET ADDRESS (If rural, give location) Short Run Community

3. NAME OF DECEASED (Type or Print): (First) NICHOLAS (Middle) - (Last) PERANDO

4. DATE OF DEATH: (Month) OCT. (Day) 7 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 2, 1858

9. AGE last birthday: 93 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mines

11. BIRTHPLACE (State or foreign country): Campobasso, ITALY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: TOM PERANDO

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hazel Perando, Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1940, to Oct. 7, 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 8:15P.M., from the causes and on the date stated above.

SIGNATURE: Ralph Calandrella (Degree or title) M.D ADDRESS Kitzmiller Md DATE SIGNED Oct. 8-51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 10/10/51 NAME OF CEMETERY OR CREMATORY Short Run Cemetery LOCATION (City, town, or county) (State) Short Run, Garrett Co. Md.

DATE REC'D BY LOCAL REG. 10/9/51 REGISTRAR'S SIGNATURE A.W. Barrick

24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 5 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00319

Reg. Dist. No. 17-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garrett; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; LENGTH OF STAY (In this place) 69yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kitzmiller; STREET ADDRESS (If rural, give location) Center St.

3. NAME OF DECEASED (Type or Print): (First) CECIL (Middle) CALVERT (Last) PYLE

4. DATE OF DEATH: (Month) OCT. (Day) 6 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 10, 1912

9. AGE Last birthday: 38 yrs. If under 1 year: Months 11; If under 24 hrs.: Hours 23; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carmans Helper

10b. KIND OF BUSINESS OR INDUSTRY: Railroad Shops

11. BIRTHPLACE (State or foreign country): Kitzmiller, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Cleve Pyle

14. MOTHER'S MAIDEN NAME: Laura Catherine Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-09-3405

17. INFORMANT AND ADDRESS: Virginia Pyle-Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dead on arrival, 19....., to....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Ralph Calandrella M D Kitzmiller Md Oct. 8-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Oct. 9, 1951

NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery

LOCATION (City, town, or county) (State) Elk Garden, Mineral Co, W.Va.

DATE REC'D BY LOCAL REG. 10/11/51

REGISTRAR'S SIGNATURE A.W. Barnick

24. FUNERAL DIRECTOR ADDRESS Otha F. Sharpless, Blaine, W.Va.

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND — LENGTH OF STAY (In this place) 19 Hr. 15 mins
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ACCIDENT
STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print): (First) AMOS (Middle) HOWARD (Last) RECKNER
4. DATE OF DEATH: (Month) Oct. (Day) 2 (Year) 1951
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: 10/11/1861
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING (retired)
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): PENNSYLVANIA
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: WILLIAM RECKNER
14. MOTHER'S MAIDEN NAME: ELIZABETH HUCKLE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT: IDA B. RECKNER (DAUGHTER IN LAW)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Fracture left temporal bone	20 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Laceration left ear.	20 hr
1862	(c) Shock	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked arteriosclerosis

19a. DATE OF OPERATION: 10/1/51
19b. MAJOR FINDINGS OF OPERATION: Repair laceration of ear.
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING ☐) CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY farm — (CITY OR TOWN) near Bittinger — (COUNTY) Garrett — (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Oct 1 1951 5 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Fell off barn bridge

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE E. J. Baumgartner (Degree or title) M.D. — ADDRESS Oakland Md — DATE SIGNED 10/2/51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct 5, 1951 — NAME OF CEMETERY OR CREMATORY: Bittinger Cemetery — LOCATION (City, town, or county) (State): Bittinger, Garrett Co Md
DATE REC'D BY LOCAL REG.: Oct 3/51 — REGISTRAR'S SIGNATURE: Julia K Rowan
24. FUNERAL DIRECTOR: Wm A Winterberg — ADDRESS: Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park — LENGTH OF STAY (in this place) 50 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Mt Lake Park,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural	STREET ADDRESS (If rural, give location) 2 miles South of Mt. Lake Park

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) SOLOMON (Last) SEMBOWER

4. DATE OF DEATH: (Month) OCT. (Day) 31 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 6/2/1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Sembower

14. MOTHER'S MAIDEN NAME: Sarah Mayle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Mrs Edward Sembower, Mt Lake Pk. Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	20 mins?
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 13a	(b) Senility & arteriosclerotic cardio-vascular disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Thomas Z. Lusby M.D. (Degree or title) acting Dep. Med. Exam. ADDRESS: Oakland, Md. DATE SIGNED: 2 Nov. 51

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF: Nov. 2, 1951 NAME OF CEMETERY OR CREMATORY: Pleasant Valley Cem. LOCATION (City, town, or county) (State): Garrett Co., Md.

DATE REC'D BY LOCAL REG.: 11/2/51 REGISTRAR'S SIGNATURE: Julian G. Rowan Loose

24. FUNERAL DIRECTOR: Herbert C. Leighton ADDRESS: Oakland Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0532a

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Garrett Oakland, MARYLAND
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Oakland, Md.
LENGTH OF STAY (in this place) 27 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland, COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oakland, Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Wayne (Last) Shaffer,

4. DATE OF DEATH (Month) 10/ (Day) 3/ (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8/19/1896

9. AGE Last birthday 55 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner of a farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Keyser, West Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME E. C. Shaffer

14. MOTHER'S MAIDEN NAME Sarah Ann Smith.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs. Wm.W. Shaffer, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Larynx -

161X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 47a (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1949 to Oct. 8, 1951, that I last saw the deceased alive on Oct. 6, 1951, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE A.E. Manca (Degree or title) MD ADDRESS Oakland DATE SIGNED 10.04.51

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 10/10/51 NAME OF CEMETERY OR CREMATORY Oakland Cemetery LOCATION (City, town, or county) (State) Oakland, Md.

DATE REC'D BY LOCAL REG. 10/10/51 REGISTRAR'S SIGNATURE Juliet L. Lowe

24. FUNERAL DIRECTOR Emsley D. Bolden ADDRESS Oakland, Md

VS. A-3

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0923

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Garett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bittinger
LENGTH OF STAY (In this place) about 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bittinger
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) Susan (Last) Stark

4. DATE OF DEATH: (Month) October (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4-21-1869

9. AGE last birthday: 82 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): Rural-Bittinger Md

12. CITIZEN OF WHAT COUNTRY? U S.A

13. FATHER'S NAME: Samuel J. Slaubach

14. MOTHER'S MAIDEN NAME: Christena Durst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: George Stark, Bittinger Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 5 yrs

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a (b) Cerebrasclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1945, to Oct 19, 1951, that I last saw the deceased alive on Oct, 1951, and that death occurred at 3:00 C. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

R. R. Davis M.D Grantsville Md Oct 19 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 10-21-1951 — NAME OF CEMETERY OR CREMATORY: Bittinger — LOCATION (City, town, or county) (State): Bittinger Md

DATE REC'D BY LOCAL REG. Oct 22 1951 — REGISTRAR'S SIGNATURE: J. B. Emery

24. FUNERAL DIRECTOR: Wm Winterberg — ADDRESS: Grantsville Md

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY: Garrett Oakland MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: LENGTH OF STAY (In this place): 20 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crellin
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garrett Memorial Hospital Oakland, Md.	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Oliver (Last) Taylor			4. DATE OF DEATH (Month) Oct (Day) 11 (Year) 1951	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: 10/9/1869	9. AGE last birthday: 82 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Coal Minor & Welder	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): West Virginia.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John O. Taylor,			14. MOTHER'S MAIDEN NAME: Jennie Smith.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: 219-03-8260		17. INFORMANT: Mrs. Blanche Bierer, Mt. Morris, Pa	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure

410 x Antecedent cause(s) (b) Mitral Insufficiency

72 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1951, to Oct 11, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 1:45 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
L. F. Baumgartner	M D	Oakland Md	Oct 12-1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 10/14/1951	NAME OF CEMETERY OR CREMATORY: Ashby Cemetery	LOCATION (City, town, or county) (State): Near Crellin, Md.
DATE REC'D BY LOCAL REG.: 10/14/51	REGISTRAR'S SIGNATURE: Julia A. Rowan	24. FUNERAL DIRECTOR: Emroy D. Bolden	ADDRESS: Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

OCT
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(002) 766 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Garrett, Swallow Fal MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swallow Falls, Md.; LENGTH OF STAY (in this place) Life time; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ryland COUNTY Garrett; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Swallow Falls, Md. Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Jackson (Last) Teets, Jr.

4. DATE OF DEATH: (Month) (Day) (Year) 10/18/1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widower

8. DATE OF BIRTH: 8/5/1862

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Woodsman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Cranesville, W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Jackson Teets, Sr.

14. MOTHER'S MAIDEN NAME: Letty Hawk,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: THRESA ELLEN FRIEND, McHenry, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Heart Disease -	2 years
420 0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Arteriosclerotic Heart Disease	10 years
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 13, 1948, to Oct. 18, 1951, that I last saw the deceased alive on Oct. 11, 1951, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Maney MD Oakland 18 Oct 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/21/1951

NAME OF CEMETERY OR CREMATORY Henry Sines Cemetery

LOCATION (City, town, or county) (State) Near Swallow Falls Md

DATE REC'D BY LOCAL REG. 10/21/51

REGISTRAR'S SIGNATURE Julia A. Rowan

24. FUNERAL DIRECTOR Emroy Bolden

ADDRESS Oakland, Md.

OCT 25
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

09926

Reg. Dist. No. 163

1. PLACE OF DEATH — COUNTY: Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bloomington rural
LENGTH OF STAY (in this place): 43 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3 mi w of Bloomington

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Garret
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bloomi gton rural
STREET ADDRESS (If rural, give location): 3 mi w of bloomington

3. NAME OF DECEASED (Type or Print): (First) LOMAN (Middle) ROBERT (Last) WARNICK
4. DATE OF DEATH: (Month) OCTOBER (Day) 24 (Year) 1951
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 3, 08
9. AGE last birthday: 43 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper machine oiler
10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill
11. BIRTHPLACE (State or foreign country): Garrett Co. Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Calvin Warnick
14. MOTHER'S MAIDEN NAME: Rosie E Paugh
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-06-9937
17. INFORMANT AND ADDRESS: Mrs Loman R. Warnick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive heart failure	1½ years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Valvular heart disease	20 yrs.
	(c)	

401.4
92d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Oct 24, 1951, that I last saw the deceased alive on Oct 24, 1951, and that death occurred at 3 30P m., from the causes and on the date stated above.

SIGNATURE: James H Wolverton Jr (Degree or title) MD — ADDRESS: Piedmont W. Va — DATE SIGNED: 10-25-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Oct 27 1951
NAME OF CEMETERY OR CREMATORY: Turner Cemetery
LOCATION (City, town, or county) (State): Garrett Co., Maryland
DATE REC'D BY LOCAL REG.: 10-26-51
REGISTRAR'S SIGNATURE: Dorsey Pattison
24. FUNERAL DIRECTOR: E. S. Boal., Westernport, Md. — ADDRESS

680456

RECEIVED
OCT 29 1951
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09927

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY Garrett MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS ----

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Deer Park
STREET ADDRESS ---- (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henryetta (Middle) Friend (Last) Wright
4. DATE OF DEATH: (Month) Oct. (Day) 23, (Year) 1951
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 8/2/1876
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John B. Friend
14. MOTHER'S MAIDEN NAME: Harriett Comp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: Mrs. Johnson Rose Kirby, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Starvation	6 mos
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Descending Colon	6 mos
46	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15th, 1951, to Oct 10th, 1951, that I last saw the deceased alive on Oct 10, 1951, and that death occurred at 9:05 P. m., from the causes and on the date stated above.

SIGNATURE James H. Feaster (Degree or title) JH MD
ADDRESS 58 Lord St. Oakland, Md.
DATE SIGNED 10-24-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 10/26/1951
NAME OF CEMETERY OR CREMATORY: George Cemetery
LOCATION (City, town, or county) (State): Near Swanton, Md.
DATE REC'D BY LOCAL REG.: 10/26/51
REGISTRAR'S SIGNATURE: Julia A. Ruan
24. FUNERAL DIRECTOR: Herbert C. Leighton
ADDRESS: Oakland, Md.

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BUREAU V. S.